OKLAHOMA
State Department
of Health

Delivery via email to: marythrntn5@gmail.com

May 13, 2025

License Number: RC4102
Survey Event ID: **00K011**

Ms. Mary Ann Thornton, Administrator
Royal Living Care Center
Rt. 1, Box 85
Prague, OK 74864

Dear Ms. Thornton:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **May 7, 2025**.

The deficiency cited represents the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

1. A statement of exactly how the facility has or intends to correct each deficiency.
2. The method of correction. This includes who is responsible for the correction.
3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
4. A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) business days** of the date of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

If we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable, and we will request another Plan of Correction. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An

explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to: IDRCoordinator@health.ok.gov

Or mail to: IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4102	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL RESIDENTIAL LIVING CARE CENTER, INC	57523 MOCCASIN TRAIL PRAGUE, OK 74864

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS A re-licensure survey was conducted on 5/6/2025. Census was 39. The following deficient practice was cited.	R 000		
R 322 SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide documentation that the State Fire Marshal or their representative completed an annual inspection within the past 12 months. This failed practice had the widespread potential for more than minimal harm for all 39 residents. Findings: A record review began on 5/7/2025 at 10:45 a.m., the most current fire marshal inspection document was dated 3-23-23. No other fire inspection documentation could be located in the submitted manuals. The owner/administrator was asked if the home had a fire marshal inspection in the past year. She stated she did not realize it was expired and would contact the fire marshal to get an inspection scheduled as soon as possible.	R 322		

OKLAHOMA
State Department of Health

Delivery via email to: marythrntn5@gmail.com

May 15, 2025

License Number: RC4102
Survey Event ID: **00K011**

Ms. Mary Ann Thornton, Administrator
Royal Living Care Center
Rt. 1, Box 85
Prague, OK 74864

Dear Ms. Thornton:

On **May 7, 2025**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited during that survey will be corrected and you will be in substantial compliance by **June 10, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4102	A. BUILDING: _____ B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL RESIDENTIAL LIVING CARE CENTER, INC	57523 MOCCASIN TRAIL PRAGUE, OK 74864

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May 14, 2025

Plan of Corrections

Royal Residential Living Center, LLC.

57523 Moccasin Trail Rd.

Prague, Okla. 74864
RC-4102

Re-licensure 05/06/2025

R322 310:680-5-5 FIRE SAFETY

State fire marshal was called and we ask for next available date to be inspected. The administrator will be the person responsible for ensuring that this will not recur again. Soon as the state fire marshal sets the date it will be sent to OSDH. The state fire marshal will be called 3 months prior to last date and a check list will be put in place to ensure compliance.

Correction will in place 06/10/2025

OKLAHOMA
State Department of Health

Delivery via email to: marythrntn5@gmail.com

June 16, 2025

License Number: RC4102
Survey Event ID: **00K012**

Ms. Mary Ann Thornton, Administrator
Royal Residential Living Care Center, Inc
57523 Moccasin Trail
Prague, OK 74864

Dear Ms. Thornton:

On **June 13, 2025**, an off-site paper revisit was conducted for your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long-Term Care Facility. The findings of that visit indicate that the deficiencies cited during your Relicensure survey on **May 7, 2025,** have now been corrected effective **June 11, 2025**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC4102	A. BUILDING: _____ B. WING _____	R 06/13/2025

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ROYAL RESIDENTIAL LIVING CARE CENTER, INC	57523 MOCCASIN TRAIL PRAGUE, OK 74864

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{R 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 06/13/25. The facility was in substantial compliance.	{R 000}		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE